



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
**2005 APPLICATION FOR HOMESTEAD
PRESERVATION CREDIT**

FORM
HPC
(REV. 12-2004)

**APPLICATION MUST BE
POSTMARKED BETWEEN
APRIL 1 AND
SEPTEMBER 30, 2005.**

LAST NAME		FIRST NAME		INITIAL				
BIRTHDATE (MM/DD/YY)		AGE	SOCIAL SECURITY NO.					
SPOUSE'S LAST NAME		FIRST NAME		INITIAL				
BIRTHDATE (MM/DD/YY)		AGE	SOCIAL SECURITY NO.					
100% DISABLED: YOURSELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>								
MAILING ADDRESS			TELEPHONE NUMBER					
CITY, STATE, ZIP CODE								
<p>1. If claiming credit eligibility due to being disabled, verification of disability is required. Attach a copy of approved forms of documentation (see instructions) FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN CREDIT BEING DISALLOWED.</p> <p>2. FEDERAL ADJUSTED GROSS INCOME AS SHOWN ON YOUR 2004 INDIVIDUAL INCOME TAX RETURN</p> <div style="display: flex; justify-content: space-between;"><div>(If you have not filed a 2004 Missouri return, you must attach a copy of your federal return.)</div><div><div style="border: 1px solid black; padding: 5px; text-align: center;">\$</div><div>(MUST BE \$70,000 OR BELOW)</div></div></div> <p>3. ADDRESS OF HOMESTEAD PROPERTY (primary residence owned and occupied) FOR WHICH APPLICATION IS FILED:</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">STREET ADDRESS</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CITY, STATE, ZIP</div> <p>4. I did not make improvements during 2004 that total more than 5 percent of the homestead value. (If improvements total more than 5 percent of the homestead value, STOP. You do not qualify for the Homestead Exemption Credit.)</p> <p>5. Attach copies of PAID real estate property tax receipts for 2003 and 2004 and/or PAID personal property tax receipts if homestead property is a mobile home for the tax years of 2003 and 2004 (mortgage statement will not be accepted).</p> <p>Under penalties of perjury, I declare that I have examined this application, including accompanying attachments and to the best of my knowledge and belief it is true, correct and complete.</p> <table border="1" style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE</td><td>DATE</td></tr><tr><td>SPOUSE'S SIGNATURE</td><td>DATE</td></tr></table> <p style="text-align: center; border: 1px solid black; padding: 5px;">PAGE 2 MUST BE COMPLETED BY YOUR COUNTY ASSESSOR.</p>					SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
SIGNATURE	DATE							
SPOUSE'S SIGNATURE	DATE							

TO BE COMPLETED BY COUNTY ASSESSOR:

1. Owner of record of homestead property as of January 1, 2005: _____
2. Parcel Number: _____
3. Amount of Acreage classified as residential on the Assessor's property card: _____
4. Amount of any new construction or improvements during 2004 calendar year: \$ _____

2004

5. Assessed valuation of the homestead (for allowable acreage) for the 2004 tax year (see instructions):

\$ _____

7. 2004 tax year levy codes for the homestead:

Political Subdivisions or Districts	State Auditor Tax Levy Code 2004
County	3 5 - - - - -
Township Counties	1 1 - - - - -
Schools	3 0 - - - - -
City	0 9 - - - - -
Ambulance District	0 1 - - - - -
Hospital District	0 2 - - - - -
Nursing Home District	0 3 - - - - -
Watershed	0 6 - - - - -
Library District	1 0 - - - - -
Fire Protection District	1 2 - - - - -
Community College District	2 5 - - - - -
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2005

6. Assessed valuation of the homestead (for allowable acreage) for the 2005 tax year (see instructions):

\$ _____

8. 2005 tax year levy codes for the homestead:

Political Subdivisions or Districts	State Auditor Tax Levy Code 2005
County	3 5 - - - - -
Township Counties	1 1 - - - - -
Schools	3 0 - - - - -
City	0 9 - - - - -
Ambulance District	0 1 - - - - -
Hospital District	0 2 - - - - -
Nursing Home District	0 3 - - - - -
Watershed	0 6 - - - - -
Library District	1 0 - - - - -
Fire Protection District	1 2 - - - - -
Community College District	2 5 - - - - -
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSESSOR'S ENTRIES: I certify that the above information is true and accurate

ASSESSOR'S SIGNATURE

DATE

COUNTY

**Completed application and attachments must be postmarked by September 30, 2005. Mail to Missouri Department of Revenue,
P.O. Box 478, Jefferson City, MO 65105-0478 or email: homestead@dor.mo.gov.**